CHSB
VPN User Application

Last Name: First Name:

e-mail: Work Phone:

Address: *City:* *State:* *Zip:*

Vendor ☐ State Police ☐ CHSB Staff ☐ Gun Dealer ☐ Police Department ☐

Organization:

_____
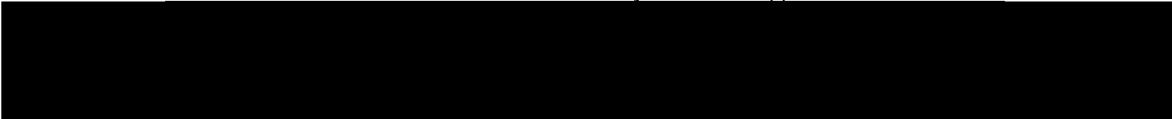
Other Servers and/or Services not listed above:

_____

System Configuration:
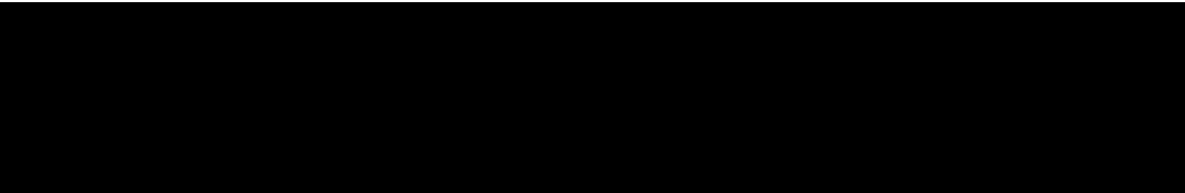
WinNT ☐/ Win2K ☐/ WinXP ☐/ Win98/ME ☐System RAM: _____

User Information:

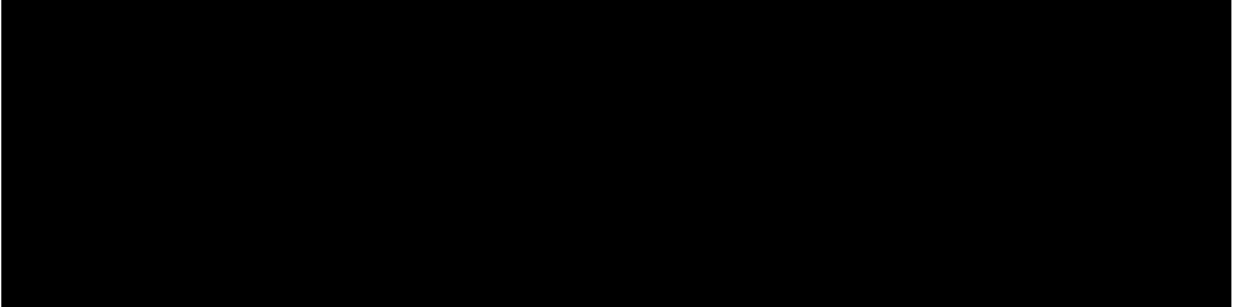   **IMPORTANT – Please follow the password guidelines below!**

███

Password: _____

███

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For CHSB use only:

Approval: _____ Date: _____